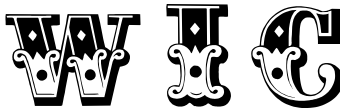


Nutrition And



Update



January 2002

Automation Vendor Selected

Roger Lewis, WIC Project Director



The vendor selection process is coming to a close. By the time you read this the process of developing a contract will be nearly complete. The company and state to be transferred will be announced as soon as it becomes official.

Automation Volunteers

Already eighteen clinic staff have expressed interest in participating in the transfer of a system to Kansas. Project staff are currently working with the health department administrators to determine whether coverage is available and other issues around staff being away from the clinic for this work. Once we know who is actually available the design team membership will be finalized.

Don't feel left out if you were not selected for the initial group. This group will focus on the design of changes to the transfer system but there is still much work to do. Other tasks that will require clinic assistance are:

- Assisting with site surveys to identify changes needed because of the system.
- Developing implementation plans for each clinic to insure a smooth transition.
- Participating the testing of the system to insure that everything works as expected.
- Working in the pilot clinic where the system will first be used in the state.
- Acting as an assistant trainer during system rollout training.
- Helping clinics during the first few days of using the new system.

We will keep you informed as we move forward.

Nutrition and WIC Services

USDA Management Evaluation Set for Spring

David Thomason, WIC Director



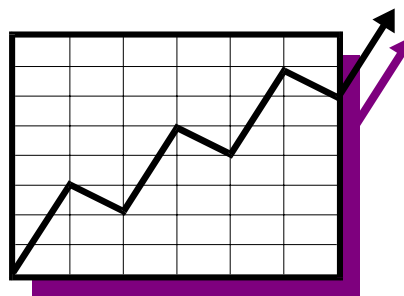
Kansas WIC has been notified that Kansas will be the subject of a USDA Management Evaluation in the spring of 2002. Federal Management Evaluations usually occur once every two to three years and will include an onsite visit to at least two local WIC agencies. USDA officials will also visit the state offices and review state level activities. Kansas was last evaluated in 1998.

The identity of the two LAs that will be a part of the federal evaluation is not known at this time. All LAs are encouraged to take this opportunity to look at their compliance with state and federal policies and procedures. Be aware that federal USDA officials will have access to all files and will look at nutrition education efforts, certification of participants, WIC vendor procedures, and other administrative areas. Kansas has a good record of maintaining a quality WIC program. A Federal Management Evaluation is an opportunity to showcase the commitment of Kansas WIC staff to providing a quality program for Kansas WIC participants.

Automation Vendor Selected	1
USDA Management Evaluation Set for Spring	1
Ross Breastfeeding Rates	2
Upcoming Training Events in 2002	2
Our Changing Times...	3
Herbal Use During Pregnancy and Lactation	3
Abstract Of Interest	5
Impact of Soft Drink Consumption on Children's Health	5
American Academy of Pediatrics Releases New Policy Statement	6
Managing Dual Participation	6
Counseling the overweight child in WIC	7
Local Agency News	8
State Agency News	8
Check This Out!	8

Ross Breastfeeding Rates

Mary K. Washburn, Breastfeeding Coordinator



The Ross Mother's Survey is an ongoing mail survey mailed to a nationally representative sample of new mothers. Since 1997, the survey is mailed to new mothers monthly until their infant is 12 months of age. Mothers are asked to recall the type of milk their baby was fed in the hospital, at 1 week of age, in the last 30 days, and most often in the last week. In 2000, 1.4 million questionnaires were mailed, 117,000 each month; the response rate was 31%. Following are rates I hope that you will find interesting.

	1997	1998	1999	2000
National				
% of mothers initiating BF	62.4%	64.3%	67.2%	68.4%
% BF at 6 months	26.0%	28.6%	30.7%	31.4%
Kansas (Non-WIC & WIC)				
% of mothers initiating BF	69.6%	69.9%	71.5%	72.4%
% BF at 6 months	26.8%	26.4%	28.6%	33.7%
Kansas WIC				
% of mothers initiating BF	58.3%	59.9%	60.3%	61.1%
% BF at 6 months	21.8%	19.9%	18.2%	21.5%

The survey identifies that the largest increases in the initiation of breastfeeding between 1990 and 2000 occurred among mothers who have been historically less likely to breastfeed: women who are black, less than 20 years old, receiving WIC benefits and less educated.

Source: Mothers Survey, Ross Products Division, Abbott Laboratories

Upcoming Training Events in 2002

New Employee Training Clinic - February 27-28, Topeka

WIC Technical Meeting - April 29-30, Salina

The 2002 WIC Technical Meeting (WTM) will be held at the Salina Holiday Inn on April 29 (afternoon) and 30 (morning). At least one representative from each local agency, sub-agency, and clinic site must attend WTM. It may be appropriate for other staff to attend WTM after considering the agenda, LA budget and staffing. For assistance in planning your local agency spending, the sleeping room rate will be \$55 + tax for 1 person and \$64 + tax for 2-4 persons. The registration fee has not been determined, but is expected to be less than \$40.



H



Our Changing Times...

A WIC dietitian was recently counseling a young pregnant woman during a WIC certification appointment. When they began to talk about breastfeeding, the woman confided that she has a pierced nipple and that friends were teasing her about “leaking”. Uncertain of how to respond, the dietitian sought the expertise of staff at Children’s Mercy Hospital in Kansas City. The answer? Yes, breastmilk can leak at the nipple piercing site, depending on where the pierce is made. There is no way to determine in advance if leaking will occur. The counseling session ended with the young woman open to the idea of breastfeeding.

Herbal Use During Pregnancy and Lactation

Sandy Perkins , Maternal and Child Nutrition Consultant



The definition for WIC Nutritional Risk Factor V - Inappropriate Intake of Dietary Supplements, includes a participant routinely taking inappropriate or excessive amounts of any herbal remedies with potentially harmful consequences. This definition frequently leads to two questions: 1) Which herbal remedies have potentially harmful consequences? and 2) What defines an inappropriate or excess amount? In this article we are going to take a look at the use of herbs during pregnancy and lactation.

Herbs can be defined in several ways depending on the context in which the word is used. In botany, the word refers to non-woody, seed-producing plants that die down at the end of the growing season. In cooking, it refers to vegetable products used to add flavor or aroma to food. In the field of medicine, the term is used in reference to crude drugs of vegetable origin utilized for the treatment of disease states, often of a chronic nature, or to attain or maintain a condition of improved health.

Herbs which may be of concern to pregnant or breastfeeding women are listed in the following table. It may be surprising that some potentially harmful herbs are also found in seasonings such as sage, rosemary, turmeric, ginger and garlic. At typical culinary doses, these herbs are considered safe and only pose a risk if taken in high dose or in concentrated form. Since safety data are limited, a good, general rule would be to avoid all extraneous medications- prescription, over the counter, or herbal - during pregnancy or breastfeeding, especially during the first trimester. Medications that may be safe for an adult may be harmful to a fetus or a breastfed infant.

Remember that not all adverse effects from botanical products are due to herbal constituents. High concentrations of contaminants such as pesticides and heavy metals have been found in common herbal supplements and pose their own risks during pregnancy and lactation.

<u>Herb</u>	<u>Effect during Pregnancy</u>	<u>Effects on Lactation</u>
Blue Cohosh	Abortifacient ¹ , Possible birth defects	No Data available on transfer into human milk
Cayenne Pepper	Studies Inconclusive	Gastrointestinal distress, burning mouth in infant
Comfrey	Liver toxicity	Passes into human milk.
Cottonroot	Abortifacient, Emmemnagogue ²	
Dong Quai (Chinese Angelica)	Emmemnagogue	Not recommended
Ephedra (Ma Huang)		Tachycardia, Colic in infant
Fennel	Preparations, excluding the drug itself and tea infusions should not used during pregnancy.	May potentially suppress milk production.
Feverfew	Emmemnagogue	
Garlic	>4 cloves - Nausea, Excessive bleeding	
Ginger	>4 grams - Uterine contractions	
Goldenseal	Emmemnagogue	
Kava-Kava	Contraindicated	Contraindicated
Myrrh ³	Emmemnagogue	
Papaya	Abortifacient	
Parsley	>6 grams - Abortifacient	
Pennyroyal	Emmemnagogue	
Rosemary	>4 grams - Advised against	
Rue Safflower	Abortifacient	
Sage	>500 mg - Increase bile flow, Decrease uterine contractions	
Senna		Gastrointestinal distress, Diarrhea
Turmeric	>1 gram - Increase bile flow, Promote gall stones	
Uva-Ursi	Contraindicated - Liver toxin, Carcinogen, and Irritant	Contraindicated - Liver Toxin, Carcinogen, and Irritant
Valerian Root		Excessive drowsiness

1 Abortifacient - A chemical which induces abortion.

2 Emmenagogue - A substance that renews or stimulates menstruation.

3 Tachycardia - Excessively rapid heart beat.

4 Oral doses should be avoided, however, topical myrrh is considered safe.

References

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Abstract Of Interest

Mary K. Washburn, Breastfeeding Coordinator

Dell, S, T To. "Breastfeeding and Asthma in Young Children". Archives of Pediatrics and Adolescent Medicine, 2001;155, 1261-1265.

Baseline data from the Canadian National Longitudinal Survey of Children and Youth cycle 1, collected in 1994 and 1995, were used to evaluate the association between breastfeeding and asthma. A complex clustered sampling scheme was used to be representative of the Canadian childhood population which resulted in 2,184 subjects included in this study.

The prevalence of asthma was 6.3%; and wheeze 23.9%. After adjustment for smoking, low birthweight, low maternal education, and sex, breastfeeding for 9 months was found to be a risk factor for asthma and wheeze. A dose-response effect was observed with breastfeeding duration. The conclusion was that a longer duration of breastfeeding appears to be protective against the development of asthma and wheeze in young children.

Impact of Soft Drink Consumption on Children's Health

Patrice Thomsen, WIC Program Consultant



I found this to be the most interesting session presented at the 2001 Society for Nutrition Education

Annual Conference.

Alana Moshfegh, Research Leader at USDA.

Dr. Moshfegh spoke of changes in beverage consumption by American children. She presented information from the Continuing Survey of Food Intakes by Individuals (CSFII) 1994-1996 and the "extra" CSFII of children ages 3-17 in 1998. She pointed out that there has been a shift in children's beverage choices from milk to primarily soft drinks, but also juice and juice drinks ("ades").

This table shows the percentage of daily calories and select nutrients provided from beverages for the children, ages 3 - 17. As noted by the asterisks, there is a significant lower amount of protein, calcium, and Vitamin A obtained in beverages in recent years. Obviously the protein, calcium, and Vitamin A amounts reflect the shift away from milk.

	CSFII 1977-1978	CSFII 1994-1996, 1998
Kcal	22	21
Protein	21	17**
Calcium	55	43**
Vitamin A	23	21**
Vitamin C	40	42

** Significantly lower

Comparisons were made between the beverage habits of mothers and children in a study from Baylor University (J. Fisher). Mothers who routinely drank milk were more likely to have daughters who did the same, likewise for avoiding milk. Interestingly, this relationship was **not** found between mothers' and sons' milk consumption. When soft drink consumption was examined, there was a high correlation between mothers' soft drink intake and the soft drink intake of daughters and sons.

Dr. Moshfegh noted the impact of soft drink intake on sugar and caffeine levels in children's diets. Among children who drank soft drinks, the teaspoons of added sugar was twice as high as the added sugar for those children who did not drink soft drinks. Caffeine intake was three times as high in "drinkers" versus "non-drinkers. Many nutrients were significantly lower in the diets of "drinkers" as well.

Guy Johnson, Consultant, Johnson Nutrition Solutions

In the past he has held nutrition-related positions with Kellogg's, Pilsbury, and Gerber. Dr. Johnson clearly stated that he consults in the soft drink industry, and went on to state that his presentation was not influenced by those employers.

Dr. Johnson's presentation used much of the CSFII research used by Dr. Moshfegh, but with a somewhat different focus. He pointed out that added sugar intake among children may have changed, but the total sugar has not changed much. A recent study (Ludwig, *Lancet*, 357:505, 2001) examined 548 Boston children. Ludwig found that, for each additional serving of sugar-sweetened drink both BMI and frequency of obesity increased. Johnson emphasized that this area needed more study because other studies have related obesity to fat intake, but that obesity rates actually were lower with high sugar diets. He also pointed out studies showing obese children can be getting extra calories from a wide variety of sources - not just low nutrient density foods and drinks.

Dr. Johnson stated that, according to the CSFII, 25% of children consumed no soft drinks, 50% consumed ≤ 1 serving per day, and 25% consumed ≥ 1 serving per day. When examined by percentiles, children at the high extreme (90th - 95th percentile) consumed 3-4 cans per day. "Fish where the fish are", said Dr. Johnson. "Consider looking at the upper levels and try to affect change versus a shot gun approach. Do we really care about 1 serving per day?" When questioned, he agreed that we should also work to keep people from getting to that extreme. Balance and moderation are important. We must also provide positive choices.

As we develop messages related to obesity and soft drink/sugar intake, Dr. Johnson said that we should remember these three lessons learned from messages about obesity and fat:

- / Counting grams is not the answer. Total calories count.
- / Lowfat foods can be a tool, but are not the answer. Fat had to be replaced with something, often sugar.
- / Don't forget about physical activity.

American Academy of Pediatrics Releases New Policy Statement

Mary K. Washburn, Nutrition Services Coordinator

The new AAP policy statement highlights the important collaboration between pediatricians and local WIC Programs to ensure that infants and children receive high-quality, cost effective health care and nutrition services. It emphasizes the importance of pediatricians and WIC Program staff working collaboratively to maximize efforts to promote, support and manage breastfeeding including working with employers regarding the benefits of breastfeeding.



This policy statement was printed in Pediatrics, November 2001 pages 1216 to 1217 or is available online at <http://www.aap.org/policy/re0066.html>.

Managing Dual Participation

Patrice Thomsen, WIC Program Consultant

Every quarter, PDA sends a Dual Participation Report to your agency. Local agency staff are to review their report and investigate for evidence of dual participation. Document findings and actions directly on the report with brief notes. Currently there is no "rule" about which LA should take the initiative and call the other

LA - both agencies are responsible to see that dual participation is investigated. File the reports in a separate "Dual Participation File" for ease of review. Reports should be retained for the standard "current +3" fiscal years. Basic information about managing dual participation using this report was provided in I-Memo 2001-1 (October 18, 2000). Also refer to PPM page II-3-11.



Counseling the overweight child in WIC

Pat Dunavan, Nutrition Education Specialist

WIC has a great opportunity to impact the problem of childhood obesity. Not only can we track and counsel overweight children and their parents, we can also provide a strong prevention message to our WIC populations. Below are

some reminders to enhance your counseling skills in this area.

Individual counseling

Many young children gain weight not because they eat too much food, but because they drink too many high calorie liquids. It is not unusual to find children drinking in excess of 60 to 80 ounces a day of juice, sugary drinks, and milk. That can supply from 600 to 1,000 calories a day. A two to six year old only requires about 1,400 calories a day. The Food Guide Pyramid for Young Children recommends only

16 ounces of milk a day and 6 ounces of juice.

To accurately assess food and drink intake, nutrition counselors should also be ready to ask additional questions about the diet recall. Ask open-ended questions to get information on serving sizes and number of servings. Questions such as "Did your child have anything to drink with the meal?", "What did he drink between meals?" will help more accurately assess intake.

In counseling, remind the parent that juice and milk are part of a healthy diet, but amounts should be limited. Children over one year of age should be encouraged to drink water between meals instead of sweet beverages or too much milk. A good rule of thumb is "Juice at breakfast, milk with meals, and water between meals."

Encourage caregivers to offer regular meals and snacks. Offer healthy snacks rather than high fat, high sugar foods. Be sure to review child care

arrangements as well. Children in child care centers may have less access to food and drink than the child cared for at home. Parents should be encouraged to discuss with child care providers and grandparents the importance of offering healthy foods and snacks while limiting "junk food."

Many children over the age of two can benefit from easy substitutions in food choices to reduce calorie intake without jeopardizing nutrition:

- * Substitute whole milk with reduced or fat free milk.
- * Increase servings of whole fruits to two a day
- * Increase servings of vegetables to three a day
- * Reduce the use of butter, margarine, and spreads
- * Encourage the use of WIC cereals rather than sweeter options
- * Bake, broil or grill rather than frying foods
- * Offer sweets less often rather than as frequent snacks
- * Substitute water in place of sugary drinks or sodas

As activity levels in adults and children have decreased, the incidence of overweight has increased. A discussion of activity levels should be a part of any counseling for overweight children. Some counseling suggestions are:

- * Encourage parents to invite other children into the home to play. Children are more likely to be physically active when other children are present.
- * The amount of time spent in watching television is related to the level of obesity in children. Try to get the parent or child to make a goal of watching less TV.
- * Not all children can go outside and play due to safety concerns or limited supervision. Make suggestions for activities inside the home, family trips to the park, or group activities such as playing ball or riding bikes.

Parenting skills related to eating and activity are also important to the development of healthy eating patterns and weight status. Some important principles of parenting include:

- * Praise your child's good behavior. Children thrive on positive reinforcement.
- * Do not use food as reward. Instead use fun activities and time with parents and friends as rewards.
- * Have established mealtimes and snack times.
- * Be consistent. Don't give in to crying or whining when the child wants unhealthy things to eat.

- * Remember that it is the parent's job to determine what foods to offer and it is the child's job to decide what and how much of those healthy foods to eat.
- * Offer only healthy options. Ask the child to choose between an apple or an orange, not between candy and a carrot.
- * Remove unhealthy foods from the house—out of sight, out of mind.
- * Be a role model for children. Parents are their child's first teacher.
- * Enjoy eating with your child. Make mealtimes fun and stress free.

Local Agency News-

Welcome to these new WIC employees:

Ford County: Aurora

Gonzalez and Maria Finch,

clerks Graham County: Sydnee Russell, LPN

Harvey County: Chris Harms and Alice Jantzen, RN's and Trish Markus, clerk

Kiowa County: Lisa Waters, RN

Sedgwick County: Renee Kroskey, clerk, and Ana Rodriguez, community health aide

Shawnee County: Anita Munguia and Racquel

Shortman, RN's and Veronica Munoz, clerk

Southwest Kansas WIC: Shelly Ayon, clerk

Wilson County: Lorelee Gibson, RN



We say goodbye to these WIC friends:

Ford County: Rosie Hernandez and Edith Rojas, clerks

Kiowa County: Ellen Peters, RN

Sedgwick County: Sam Gross, RD

Wilson County: Todd Durham, RN

Congratulations to Ashley Sutherland, Sedgwick County who recently successfully passed the RD Examination. Congratulations to Maria Kochi, RN, Sedgwick County who delivered a healthy baby girl, Julissa Hannah on October 2.

State Agency News

Welcome to Marsha Lytle, office assistant. Marsha comes to us from the Kansas Department of Transportation. She will be working with vouchers and assisting Terry Patnode with vendor issues. Congratulations to David Thomason, WIC Director,

on his graduation from the Certificate of Public Health program.

Check This Out!

Pat Dunavan, Nutrition Education Specialist



<http://www.ers.usda.gov/publications/fanrr13/> A

minimum of \$3.6 billion would be saved if breastfeeding were increased from current levels to those recommended by the US Surgeon General. This is only one of the facts included in this new USDA publication entitled "The Economic Benefits of Breastfeeding: A Review and Analysis." You can download the report or order it by going to this address.

www.childrenshealthfund.org The Children's Health Fund has several new resources for shelters and others dealing with homeless populations. Visit this site and search for their newest items, including the "Homeless Family Facility Nutrition Guidelines" and "Improving the Nutrition Status of Homeless Children: Guidelines for Homeless Facility Shelters."

<http://www.cdc.gov/growthcharts/> Have you looked at the growth chart site maintained by CDC recently? If not, check out the new learning modules. Topics cover accurate weighing and measuring techniques, use of BMI, assessment of growth, and an overview of the growth charts. These are excellent training tools for all staff involved in weighing and measuring.

www.usda.gov/news/usdakids This web site is maintained by all of the USDA organizations and includes information on nutrition, health, and the environment with lots of coloring pages and games to share with parents.

www.breastfeeding.org The San Diego County Breastfeeding Coalition provides resources for both families and professionals. The site contains a newsletter, resources for the lactation professional, frequently asked questions and downloadable materials.